

**Denali Commission  
Quarterly Project Financial Report**

**Project Name:** EMS Code Blue Phase 7

**Agency:** Interior Region EMS Council      **Reporting Period:** 01/01/2008 to 02/29/2008

**Grant #:** 65C-07-409

**Please include the following information:**

*(Use additional pages as necessary)*

Budget Information:

1. The total project budget—Denali Commission and other funds combined  
**\$466,594.00**
2. The total project expenditures as of the end of the most recent quarter  
**\$15,072.00**
3. The total amount of Denali Commission funds committed to the project  
**\$108,315.00**
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period  
**\$108,177.28**
5. The percentage of expenditures to the total budget  
**23%**
6. Project Performance Analysis (use PPA form on page2 of 641)

Project Schedule:

N/A

Show the project schedule with milestone dates for design and construction.

Form 641A

Attachment F

**Denali Commission Quarterly  
Project Narrative and Funds Disbursement Request**

Project Name: EMS Code Blue Phase 7

Agency: Interior Region EMS Council      Reporting Period: 01/01/2008 to  
02/28/2008

Grant #: 65C-07-409      Amount of Funds Requested \$ 99,862.28

1. What is the status of the project; include portions completed?

100% complete

2. Is the project on schedule; if not, how will this be dealt with?

Currently on schedule

3. Is the project on budget; if not, how will this be dealt with?

Currently on budget

4. Other comments/problems and solutions:

**Denali Commission**  
**Quarterly Project Financial Report**  
**Project Performance Analysis (PPA) Form**

Project Name: EMS Code Blue Phase 7Agency: Interior Region EMS CouncilReporting Period: 01/01/08-02/28/08Grant #: 65C-07-409**NOTE: Include Denali Commission Grant Funds Only on this form.**

Line Items:	Approved Budget:	Actual Cost to Date:	Scheduled Completion Date:	Actual Work Performed:
<u>Anderson</u>			6/30/2008	Project Complete
Immobile-Vac Complete	350.00	350.00		
Basket Stretcher	300.00	300.00		
Oxygen 1st Responder Kit	350.00	350.00		
Pulse Oximeter	300.00	300.00		
Scoop stretcher	250.00	250.00		
Suction Unit	390.00	390.00		
Heartstart AED	947.00	947.00		
Vital Signs Monitor	1,414.00	1,414.00		
MAST Pants	330.00	330.00		
Stair Chair Pro	600.00	600.00		
<u>Central</u>			6/30/2008	Project Complete
First Responder Kits	2,852.00	2,852.00		
Adult/Ped Traction Splint	230.00	230.00		
<u>Tok</u>			6/30/2008	Project Complete
ALMR Radios	100,000.00	99,862.28		
<b>Totals:</b>	108,313.00	108,175.28		



Signature:

2-27-08

Date:

DANIEL A. JOHNSON

Print Name and Title:

Form 641B